

# THE MEDICAL NEWS AND LIBRARY.

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## CLINICS.

### PENNSYLVANIA HOSPITAL.

#### *Surgical Wards.*

#### Service of Dr. PEACE.

Cases treated in Surgical Wards of Pennsylvania Hospital since July 23, 1844.

Amaurosis, 2; burn, 4, (died, 1); compression of brain, 1; concussion of brain, 4, (died, 1); contusions, 11; dislocations of femur or dorsum illi, 1; dislocation of humerus—downwards, 1; dislocation of sternal extrem. clavicle, 1; exostosis, 1; fracture of ribs, 1; fracture of ribs with rupture of aorta, 1, (died, 1); fracture of neck of humerus, 2; fracture of internal condyle of humerus, 1; fracture of shaft of humerus, 1; fracture of fore arm, 1; fracture of radius, 2; fracture of fingers, 1; fracture of femur, 2; fracture of leg, 5; fracture of tibia, 1; fracture of

fibula, 2; fracture of scapula, 2; compound fracture of arm, 4, (died, 1\*); compound fracture of hand, 2; compound fracture of femur, 1, (died, 1†); compound fracture of leg, 2; compound fracture of foot, 2; compound fracture of both legs, 2, (died, 2†); compound fracture of both feet, 1, (died, 1†); compound fracture of both thighs, 1; (died, 1\*); furunculus, 1; hernia—strangulated—femoral, 1; hæmorrhoids, 1; hydrocele, 1; inflammation of face, 1; inflammation of bladder, 1; inflammation of knee-joint, 3; inflammation of leg, 1; injuries from blast, 1; paraphymosis, 1; orchitis, 6; staphylo-ma, 1; stricture of urethra, 1; sprain, 1; syphilis, 4; scald, 4, (died, 3); tinea capitis,

\* Died from the shock of the injury, without reaction.

† A rail-road accident; died soon after amputation of the limb.

‡ Died from tetanus, fourteen days after the accident occurred.

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✧ In no case will this work be sent unless the money is paid in advance.

1; tumours, 4; ulcers, 8; ulcer of cornea, 2; opacity of cornea, 2; varicocele, 1; enlargement of prostate, 2; wounds—incised of scalp, 2; wounds—incised of other parts, 10; wounds—lacerated, 4; wounds—contused, 9; wounds—punctured, 2; wounds—gunshot, 7, (died, 1); Total, 146. Died 14.

Amputations of leg, 3, (died, 1\*); amputation at knee, 1; amputations of fore arm, 2; amputations partial of foot, 3; amputation of femur, 1+.—Total, 10.

Dr. E. Wallace, who had charge of the surgical wards at the time, informs me that the circumstances attending the case in which the aorta was ruptured, were these :

A man of middle age, large and muscular, while working on the third story of a house about 35 feet from the ground, was precipitated to the ground in consequence of the scaffolding breaking down upon which he was standing. He was partially stunned by the fall, but when brought into the hospital, soon after, he was perfectly sensible. It was discovered that several of the ribs of the left side were broken, and also the sternum; his breathing was very laborious, and accompanied with a loud gurgling sound; pulse rapid and small, while the action of the heart was forcible and tumultuous. He lived four and a half hours.

The post-mortem examination revealed the following appearances:

The fourth, fifth, sixth, seventh and eighth ribs were fractured on the left side, near the spine; the cartilages of the second and fourth ribs were separated from the sternum; and the sternum itself was fractured opposite its junction with the fourth rib. There was a small lacerated wound of the lower lobe of the left lung, caused by the pressure of the extremity of one of the broken ribs upon this point;—the convex surface of the left lobe of the liver, also, was marked by several superficial erosions, owing, probably, to the action of the same cause. The mediastina were filled with large and exceedingly firm coagula of blood, particularly about the root of the lungs, and the origin of the great vessels: the mediastina were not wounded, and the pleural cavities contained no blood. The heart was rather larger than natural; valves healthy. The aorta was small, and on its internal surface two or three small whitish spots were visible, the commencement probably of osseous trans-

\* A rail-road accident; died soon after amputation of the limb.

formation. About half an inch beyond the point at which the subclavian artery of the left side arose, the aorta was torn more than two-thirds across, leaving the two fragments of the vessel connected together by a mere shred. The other viscera presented nothing attracting particular attention.

#### Medical Wards.

##### Service of Dr. STEWARDSON.

Ascites, 4; amenorrhœa, 4; asthma, 2; bronchitis, chronic, 2; bronchitis, acute, 3; cephalalgia, 3; delirium tremens, 6; diarrhœa, 2; dysentery, 6; dyspepsia, 2; enteritis, 2, (died, 1); fever, intermittent, 12; fever, remittent, 18, (died, 1); fever, typhoid, 12, (died, 2); gastralgia, 2; glossitis, chronic, 1; gastro duodenitis, 1; hamaturia, 1; hemiplegia, 1; laryngitis, 2; leucorrhœa, 2; mania a potu, 5; meningitis, 3, (died, 2); metritis, chronic, 1; neuralgia, 1; pharyngitis, 1; pleurisy, acute, 1; pleurisy, chronic, 2; pleurodynia, 1; pneumonia, 1; phthisis, 1; rheumatism, acute, 3; rheumatism, chronic, 4; salivation, 1; tracheitis, 1. Total, 114. Deaths 6.

The deaths from typhoid fever were two. The first occurred in an individual who had recovered entirely from the symptoms of fever, but was carried off in the fourth week of his illness by an attack of subacute meningitis, which supervened upon the first affection. We were not permitted to make an examination of the body.

The history of the other case is as follows:—The patient, a coloured man, aged 24, was seized with a chill on the 8th of the present month; at the same time a very profuse diarrhœa came on, accompanied with pain in the back and great loss of strength. He was delirious at night, but does not remember to have been troubled with headache, or to have had epistaxis. He came to us on the 14th; suffering with some loss of strength, headache, want of appetite, and general febrile action. His intellect was slow, but seemed to be sufficiently clear; at night he was delirious; heat of skin; tongue dry and red; no vomiting—bowels had not been moved for twenty-four hours previous to his coming into the ward, but he was purged severely, and for several days, by  $\frac{3}{4}$  of castor oil, which was given to him on the evening of his admission. The case appeared to be one of mild typhoid fever, and we presumed that he would recover. But on the 19th, while the nurse was absent

from the ward for a few minutes, he left his bed and crossed the room to the water closet, and in returning to his bed fell upon the floor. He was taken up almost immediately and carried to his bed, but expired in a very few minutes, uttering only a groan. Half an hour before his death he had mentioned to some one in the room that he was getting well. Thinking that he might have passed a large quantity of blood per anum, the vessel which he had just been using was examined, but it contained no blood.

An autopsy was made fifteen hours after death. The brain was perfectly healthy; neither blood nor serum had been poured out upon its surface nor in its structure. Nor were any marks of contusion visible about the head. The thoracic viscera were healthy. The heart was of good consistence, but the blood which it contained was perfectly fluid, not a coagulum to be seen. The lesions usually met with in well-marked cases of typhoid fever existed in a high degree of perfection in this instance, in the small intestines and spleen; there was no perforation of the intestines, nor did the ulcerations, which were large and numerous, in any point extend deeper than the muscular coat. The mucous membrane of the stomach was not softened nor thinned. We found no lesion to account for the sudden death.

#### *Lying-in Wards.*

Service of Drs. HODGE and MEIGS.

Since April last, five cases of Puerperal Fever have occurred in the Lying-in Wards.

For the account of the first three cases, I am indebted to my colleague, Dr. Logan, under whose charge they were during the service of Dr. Hodge.

Case I. J. W., a large and vigorous Irish woman, was delivered of her third child, on the 3d of April, after an easy and rapid labour. After delivery nothing untoward was observed, excepting that she appeared to be restless and disposed to hysterical attacks, until the night of the 5th April, when she had a very slight chill. 6th. Pulse 100, but soft; skin hot and moist; tongue furred; the abdomen moderately full, and resonant upon percussion; the uterus large and flaccid; she experienced slight pain in the left iliac region, constant but not increased by pressure on the part, nor by motion of the body or limbs. She was restless, and the

mind was confused and wandering; breasts flaccid.

3x of blood were taken from the arm; a hot poultice was placed over the abdomen, with directions that it should be renewed frequently, and she was briskly purged.

For several days her symptoms underwent little change; the pulse continued rapid and feeble; skin moist; abdomen soft and entirely free from pain; the uterus even could be moved about from side to side, with firm pressure, without producing any complaint; breasts flaccid; suppression of lochia; mind wandering. On the 6th day, her countenance became sunken; lips and cheeks dusky; respiration laboured and frequent; pulse 128 and feeble; slight cough, without expectoration, with the physical signs of commencing pleuro-pneumonia of the right side of chest. She became more and more prostrated, and died on the morning of the 9th day.

Small portions of calomel, with Dover's powders, had been employed for several days, without any good effect.

Autopsy, 12 hours after death.

The peritoneum lining the abdominal cavity coated with a delicate layer of lymph, beneath which a bright red fine injection of the serous membrane existed;—convolutions of intestines adherent to each other; in the fossæ by the sides of the spinal column was a large quantity of serum rendered thick and turbid by the admixture of concrete pus and flocculi of lymph; the same sort of effusion existed in the pelvis. Small deposits of pus had taken place in the structure of the broad ligaments, from their connection with the uterus to the ovaries, and in the latter organs also. The smaller veins which ramified between the folds of the broad ligaments were filled with pus, but the large vessels were entirely free from it. The uterus itself appeared healthy, but here and there beneath its serous covering small deposits of pus had been formed. The kidneys and spleen were healthy; liver of a brownish fawn colour both internally and on its exterior surface; its consistence also was somewhat diminished. The right pleural cavity contained a few ounces of turbid serum, and the opposed serous surfaces were adherent by the medium of soft, recent lymph. The middle lobe of the right lung appeared to be in the first stage of inflammation. In both lungs the bronchial tubes contained a con-



siderable quantity of inspissated mucus; both lungs were more or less congested.

Case II. M. J. delivered of her second child on the 2d April. Labour easy. Soon after delivery,  $\mathfrak{z}$ xij. of blood were taken from her arm to relieve some cerebral symptoms, and on the next day, as these were not entirely removed, twelve leeches were directed to each temple, and a dose of oil was administered. She continued pretty well until the 30th April, when she experienced a chill, followed by intense pain in the iliac regions; pain aggravated by pressure, or by any motion of the body or limbs. Tongue furred and moist; pulse tense, 116. Respiration accelerated, face flushed, headache, &c. The lochia and milk continued as before.

$\mathfrak{z}$ xx blood were taken from the arm, which caused an approach of syncope; hot fomentations were ordered to be applied to the abdomen, and she was directed the following:

R. Hydrarg. chlor. mit., gr. x.; pulv. opii., gr. ss.; pulv. ipecac., gr. ss.

The skin continued soft and relaxed after the bleeding, and the pulse became less tense and resisting; the pain in the region of the ovaries was but little alleviated. Three hours after the above powder was taken, the patient was ordered  $\mathfrak{z}$ ss. castor oil, which soon afterwards produced several plentiful alvine discharges.

31st May.—Pulse 116, soft, skin moist and of a pleasant temperature; tongue furred; pain continues in iliac fossæ. Forty leeches were applied over the lower part of the abdomen, and the following pill was ordered:

R. Hydrarg. chlor. mit., gr. ij.; p. ipecac. et opii., gr. iij. mft. pill, q. h. t. sum.

In the course of the day the pain entirely disappeared, a profuse warm perspiration broke out over the skin, and the patient was declared perfectly convalescent on the fourth day.

Case III. A German woman of good health and strong constitution, was delivered of her second child on the 20th May, after a very easy labour: symptoms favourable until the 22d, when, without any previous chill, she began to complain of pain in the back and abdomen; the pulse was 128, soft and full; respiration accelerated and sighing; skin hot and moist; headache; tongue furred. The uterus was soft, its fundus extending above the umbilicus and painful on pressure. The lochia abundant and fætid; breasts soft, and containing no milk.

V. S. ad.  $\mathfrak{z}$ xij., hot fomentations over the abdomen; gr. x. calomel with gr. i. opium.

Tepid water was thrown into the uterus, by which some coagulated blood was washed away.

Until the 24th, on which day she died, her pulse continued rapid and feeble; skin became cool and clammy; tongue dry; abdomen distended; respiration more and more hurried, and vomiting and delirium gradually came on.

On the 23d, a blister was placed over the uterine tumour, and small portions of calomel, with Dover's powder, were resorted to.

The post-mortem appearances were very much the same as in the first case. Large quantities of lymph were effused on the peritoneal surfaces of the diaphragm and liver; the latter presented a similar colour to that offered in the first case, but rather less marked, nor was its consistence so much diminished. The body of the uterus was considerably softened, and pus was infiltrated throughout its tissue, particularly opposite the broad ligaments. The veins of the uterus and broad ligaments contained no pus, nor was any found in the femoral or iliac vessels. The lining membrane of the uterus was also softened.

The fourth and fifth case bear more resemblance to the second. The symptoms were more open and inflammatory. In one the invasion of the affection was marked by a chill. In both cases the uterus was at first exceedingly hard, but became relaxed after a day or two; the lochia and the secretion of milk were more or less completely suspended in both, and in both the pain which was at first excessive was confined to the right ovary.

The treatment pursued was the same, viz: a full bleeding, within an hour or two after the chill, in one amounting to  $\mathfrak{z}$ xx. at first, and an additional abstraction of  $\mathfrak{z}$ vij. two hours after. In the second case, a single bleeding of  $\mathfrak{z}$ xxvj.; a purgative dose of calomel with one grain of opium, followed in one by oil, and in the other by the compound infusion of senna, with a teaspoonful of spiced rhubarb; hot emollient fomentations renewed every three hours, and occasionally an anodyne enema. It was also found expedient to give an enema of asafœtida to allay the nervous condition which occurred from time to time in both cases. Under this treatment, one of the patients recovered in five or six days; the other is convalescing more slowly.

F. W. SARGENT, M. D.,  
Resident Physician.

October 20, 1844.

## SKETCHES AND ILLUSTRATIONS OF MEDICAL QUACKERY.

*Quackery.*—The amount of quack advertisements in the papers of the day, indicate the enormous appetite of the people for empiricism. In one paper of twenty columns, I counted recently *eleven* filled with such advertisements. And the evil has of late years largely increased. Formerly you would see but a few secret nostrums advertised year after year, such as Anderson's Cough Drops and Moore's Essence of Life. But now there are new medicines constantly appearing in rapid succession, and going quickly through their several stages of rise, acmé, and decline. Adventurers in this broad field of imposition spring up in abundance, and some are from our own ranks, which they have deserted, with the hope of making a fortune in a day, instead of plodding along through life in the poorly-compensated but noble duties of the true votary of medical science.

And quackery is far from being confined to the unlearned and ill-informed. Men of respectability and acknowledged good sense in other matters—men who would be sure to get the best legal advice, and to sit under the ministrations of a regularly-educated clergyman—are not only willing to take quack medicines, but they imbibe some of the wildest notions of the day, and employ the most ignorant empirics, and degrade the educated physician down to a level with them in their estimate of his professional character. The lawyer himself, though he sees his own profession hemmed in by the strict limits of a prescribed education, and by a formidable array of antiquated technicalities, thus opposing to the intrusion of quackery a firm though time-worn and moss-covered wall, that it cannot scale—even he is often seen encouraging in our profession empiricism of the grossest kind, and perhaps cheers on and assists an ignorant populace in pulling down our modern wall, which has been so recently built that its uniting cement is yet hardly dry. The legislator, too, appointed by the people as the protector of all those barriers which have been erected to guard them at every point against the evils of irresponsible ignorance and secret imposture, though faithful to his trust in relation to all other interests, and instinctively shrinking from jeopardizing them by the withdrawal of the defences of the law, batters down, with ruthless hand, the barriers which protect the

health and life of his fellow-citizens, and sends in through the breach the whole motley herd of illiterate and reckless quacks. And the clergyman, who deplores gross theological errors that come from irregularity and forsaking of the old paths, and is of the strictest orthodoxy in excluding quackery from his own profession, is often seen foremost in the ranks of the patrons of medical empiricism. Though he may strain at a gnat in guarding against theological quackery, when he comes to medicine, verily he is ready to swallow a camel.

And here we cannot forbear saying, that clergymen, above all men, should not be found among those who favour empiricism. For the most part they receive the gratuitous attendance of the physician, which is most cheerfully given to a class who labour so arduously, and for so small a compensation, as they ordinarily do, for the good of their fellow-men. And yet many of them often bestow the weight of their powerful and extensive influence on the encouragement of systems of quackery and patent nostrums. Some of the chief supporters of Homœopathy, and other kindred delusions, are distinguished clergymen.

Though quackery is more rife in medicine than in theology, it has of late years made some very serious inroads upon the clerical profession. Irregular and irresponsible evangelists and their measures, bear the same relation to the established ministry, labouring in their appointed way steadily from year to year, that wandering empirics and their nostrums do to educated physicians and their modes of practice. The same pleas are made for the one as for the other. It is said that the evangelist and his measures do good; and the same is as truly said of the quack and his medicines. And the same can be said, too, of the evil results in the two cases; viz., that they vastly overbalance the good that is done.

It would be interesting to follow out the parallel, and show the similarity, in many points, in the results of quackery in religion and in medicine. But my limits will allow me to allude to only one of these points. As the votary of medical empiricism loses all rational confidence in educated skill, and is continually running from medicine to medicine, and from system to system, so he that imbibes the principles of quackery in religion acquires a distaste for the regular ministrations of the Gospel, and is ready to



adopt every new notion or measure that can feed his desire for excitement and novelty. An unsettled and ever-varying state of things is the legitimate result in the one case as well as in the other. And now that the clerical is suffering similar tribulation with that which has always burdened the medical profession, we shall hope to have some sympathy from that quarter—sympathy which will prompt the clergy to apply the same principles to medical that they do to theological quackery, and to eschew the former as decidedly as they do the latter.—Dr. WORTHINGTON HOOKER's *Dissertation, read at the annual meeting of the Connecticut Medical Society.*

## MEDICAL NEWS.

### DOMESTIC INTELLIGENCE.

*Important Medical Convention.*—During the past week, a Convention of the Medical Superintendents and Physicians of Insane Hospitals, has been sitting at Jones' Hotel, in the city of Philadelphia. The following gentlemen, representing the different institutions to which they are attached, were present, and participated in the proceedings of the Convention, viz: Dr. RAY, of the Maine Insane Hospital, at Augusta. Dr. BELL, of the McLean Asylum, near Boston. Dr. WOODWARD, of the Massachusetts State Lunatic Hospital, at Worcester. Dr. CUTTER, of a Private Institution at Pepperell. Dr. BUTLER, of the Connecticut Retreat, at Hartford. Dr. STEDMAN, of the Boston Lunatic Asylum. Dr. BRIGHAM, of the New York State Lunatic Hospital, at Utica. Dr. EARLE, of the Bloomingdale Asylum, N. Y. Dr. WHITE, of the Hudson Lunatic Asylum. Dr. KIRKBRIDE, of the Pennsylvania Hospital for the Insane, at Philadelphia. Dr. AWL, of the Ohio Lunatic Asylum, at Columbus. Dr. STRIBLING, of the Western Asylum of Virginia, at Staunton, and Dr. GALT, of the Eastern Asylum of Virginia, at Williamsburg.

This highly respectable body having organized by the appointment of Dr. SAMUEL B. WOODWARD, of Worcester, as President, Dr. SAMUEL WHITE, of Hudson, as Vice President, and Dr. THOMAS S. KIRKBRIDE, of Philadelphia, as Secretary and Treasurer, proceeded to the discussion of a great variety of topics of the deepest interest to the

profession and the community: Among which we may mention the causes and prevention of insanity—the medical and moral treatment of the insane—the construction and organization of insane hospitals—asylums for idiots and the demented—comparative advantages of treatment in public and private practice—on the use and disuse of restraining apparatus—on the jurisprudence and statistics of insanity—asylums for coloured persons, and on the best provision for insane prisoners; all of which were referred to appropriate committees, with instructions to report at the next meeting of the association.

Previous to their adjournment, this convention adopted the title of "The Association of Medical Superintendents of American Institutions for the Insane," and resolved that the Medical Superintendents of the various incorporated or other legally constituted institutions for the Insane, now existing in the United States, or which may be commenced prior to the next meeting, be elected members of the association.

The association adjourned to meet in the city of Washington, on the second Monday in May, 1846.

The proceedings of this body will be looked for with much interest, and we are confident will be productive of great good in the advancement of an important, and heretofore too much neglected branch of the profession.

*Fiske Fund Prize Questions.*—The Trustees of the Fiske Fund, in Rhode Island, propose the following questions for 1844-5: 1st. "The best mode of treating, and the best apparatus for the management of fractures of the thigh." 2d. "The character, causes and best treatment of bronchitis." For the best dissertation on each of these questions, a sum of fifty dollars will be awarded. Dissertations to be sent previous to May 10, 1845, to Dr. L. L. Miller, Providence, Dr. T. C. Dunn, Newport, or Dr. J. Holmes, Bristol.

*Boylston Prize Questions.*—The questions for 1845 are: 1. "Is puerperal fever ever contagious, and has it any connection with epidemic erysipelas in its origin or mode of propagation?" 2. The influence of climate on longevity."—Dissertations to be sent, post paid, to Dr. J. C. Warren, Boston, before the first Wednesday in April, 1845. The

following questions are proposed for 1846:

1. "The use of water for the prevention and cure of disease. 2. The nature and treatment of diseases of the rectum."

The author of the best dissertation on one of the above questions will be entitled to a premium of 60 dollars or a gold medal, at his option.

**Baltimore College of Dental Surgery.**—

The fifth session of this institution will commence on the first Monday in the present month, (Nov.) and continue until the latter part of February. The course of instruction embraces practical dentistry, dental physiology and pathology, special pathology and therapeutics, including principles of surgery, and anatomy and physiology.

**Mississippi Valley Association of Dental Surgeons.**—

A society has recently been organized under the above title; and the following were elected officers: *President*, Dr. Jesse W. Cook, of Cincinnati; *Recording secretary*, Dr. Wm. B. Ross, of Covington, Ky.; *Corresponding secretary*, Dr. James Taylor; *Treasurer*, Charles Bonsall, of Cincinnati; *Committee of examination for membership*, Drs. M. Rogers and J. Allen, of Cincinnati, and F. E. Sevier, of Madison, Ia.

**Pennsylvania Hospital—Clinical Instruction.**—

An excellent course of clinical instruction is given in this extensive and admirably regulated Hospital. The students are trained in the practical study of disease at the bedside during the daily visits to the wards, and series of lectures are delivered on the most important subjects which present in the practice of the house. The arrangements are as follows:

From April to July, *Medicine*, Dr. Pepper.

" " *Surgery*, Dr. Norris.

July to Nov. *Med.* Dr. Stewardson.

" " *Surgery*, Dr. Peace.

**Wills Hospital for the Blind and Lame.**

—This admirably managed institution presents extraordinary advantages for the study of the diseases of the eyes, and every facility will, we learn, be afforded to students for that purpose by the surgeons. Oct., Nov., Dec., attending surgeon, Dr. Hays. Jan., February, March, Dr. Parrish. April, May, June, Dr. Fox. July, August, Sept., Dr. Littell.

**FOREIGN INTELLIGENCE.**

*Magnetization of a Steel Rod by the mere Influence of the Will!*—M. THILORIER, on the 11th and 18th of June last, endeavoured to establish, by a series of experiments before the French Academy of Sciences, the existence in the human body of a fluid or agency analogous to the electric, and capable of producing some very curious phenomena. Many facts, he said, might be adduced to prove this position, which will probably startle most who have not thought of the subject. Of these, one of the most satisfactory is that of magnetizing a steel rod, placed upon the epigastrium, by the mere and unaided effort of the will! By the simple act of volition, this effect is produced; for it is well known that the mere contact of the rod with the surface of the body is not sufficient. M. Thilorier says that there are three principal points of the body from which the magnetic fluid escapes, viz., the hands, the epigastrium, and the forehead! In a state of repose or passiveness of the intellect and will, as for example during sleep, the effluvium, and consequently the magnetization, are not however entirely null. In the hands, the currents of the fluid are parallel to the direction of the fingers, and perpendicular to the palm; those of the epigastric and frontal regions are directed from below upwards, and from the feet to the head, in a curved line! The magnetic action is null, or nearly so, at the lower end of the spinal marrow; it increases in degree or intensity in proportion as we approach the neck! Currents emanate from every point of the cranial vault; but the most energetic of all is from the culminating point of the frontal bone! The energy of the currents depends on a variety of circumstances: it is more considerable about noon than at night, or in the morning; likewise more so in health than in sickness!—*Medico-Chirurgical Rev.*, Oct. 1844, from *L'Expérience*.

*Rupture of the Peritoneum.*—A hussar, in leaping his horse, experienced at the moment the animal lit on the ground a sensation of tearing. The following day he had pain under the false ribs of the left side with meteorism, constipation, urine scanty and red, pulse thready, countenance hippocratic, and in the evening he died. On post-mortem examination five ounces of blood were found effused in the abdominal cavity, with a rupture of an inch and a half in extent of

the peritoneum at its upper part on the left side.—*Journ. de Méd. et de Chirurg.*, Aug., 1844, from *Casper's Wochenschrift*.

**Test for Arsenic.**—Dr. BAUMANN recommends for detecting small quantities of arsenic, triturating the suspected body with from three to six times its volume of iron filings, which have been exposed to a red heat, and are known to be free from arsenic, and heating the mixture on charcoal in the reducing flame of a blow-pipe. Even with the smallest quantity of arsenic, the odour at least is disengaged.—*Chemical Gazette*, from *Archiv. der Pharm.*

**Prophylactic against Ptyalism.**—Dr. SCHOEFF, Professor in the University of Pesth, recommends the following tooth-powder, during the administration of mercury, in order to prevent the occurrence of salivation:—Dried alum, powdered, two scruples; powder of cinchona, one ounce; to be used by means of a soft brush, morning and evening.—*Med. Times*. [We opine that this will answer only in Pesth.]

**Pills and Boluses of Copaiba.**—To form balsam of copaiba into pills and boluses, Dr. J. F. R. SIMON recommends wax. He employs the following proportions, which have been very generally adopted:—For pills: liquified white wax, one drachm; balsam of copaiba, two drachms; powdered cubebs, three drachms. For boluses: liquified white wax, one drachm; balsam of copaiba, three drachms; powdered cubebs, six drachms.—*Med. Times*, Oct., 1844.

**Janius' Perpetual Blister.**—Cantharides 60 parts; euphorbium 30 parts; pulverize, and incorporate, warm, in 360 parts of turpentine: add mastic 360 parts. Stir until perfectly cold.—*Journal de Chirurg. Méd.*

**Vaccination.**—M. WENINGER, of Vienna, has published a case where vaccination was performed on a child eight months old, in July, 1837, and did not become developed till July, 1840, thus remaining latent three years!—*Lancet*. [Dr. W. must have a huge organ of credulity.]

**Deceptions in Medicine.**—Courses of lectures are now being delivered in Paris on the following subjects;—one on phrenology; two on magnetism; one on homœopathy;

one on uromancy, and to cap the climax, one on deceptions in medicine.—*Journal des Connaiss. Méd.*, March, 1844.

**Number of the Medical Profession in Great Britain.**—From the answers and returns made pursuant to an Act, entitled, "An Act for taking an account of the population of Great Britain," just published, it appears that there are of

	Surgeons and Apothecaries.		Physicians.
	20 years of Age and upwards.	Under 20 years of Age.	Over 20 years of Age.
Great Britain	17006	1452	1476
England . . .	14102	1320	1063
Wales . . . .	526	75	30
Scotland . . .	2237	248	364
Isles in the Brit. Seas }	141	8	19

**University of King's College, Toronto.**—A Medical Faculty has been recently organized, and lectures will be delivered the present winter.

**Subcutaneous Surgery.**—The council general of Hospitals, Paris, has decided that the course of subcutaneous surgery commenced at the "Hôpital des Enfants," by M. Guerin, shall not be continued.—*Gaz. Méd. de Paris*, Aug. 3, 1844.

**Reward to M. Charrière.**—M. CHARRIÈRE, the celebrated surgeons' instrument maker, of Paris, who, at the preceding exhibitions, had obtained all the medals which an exhibitor could receive, at the close of the exhibition of 1844 received the cross of the Legion of Honour.—*Ibid.*

**Hospital for Children.**—A hospital for children is about to be erected in Berlin.

**British Association for the advancement of Science.**—This association assembled at York on the 25th of September, the Earl of Ross in the chair.

**Necrology.**—M. DORCET, a distinguished member of the French Institute, recently died from phlebitis resulting from venesection.